



Taxi Assistance Program

Application Directions

To be eligible for the program you must be at least 60 years of age or have a permanent disability that can be verified with a letter from your doctor or Social Security Disability award letter.

Attached is a Taxi Assistance Program Registration form and IRS 4506-T form.

Please mail or return in person the following items:

- A copy of your Nevada Photo ID/Driver's License
- A completed registration form provided by the Taxi Assistance Program.
- A completed 4506-T Request for Transcript of Tax Return. All IRS forms are marked #6A. The IRS will notify us if you did or did not file taxes.
- A copy of your most recent bank statement showing monthly deposit amounts.

Return To:

Aging and Disability Services Division
Attn: Taxi Assistance Program
1860 E. Sahara Avenue
Las Vegas, NV 89104

Should you have additional questions, please contact a Taxi Assistance Program Representative at (702) 486-3581.

***A Partnership between the
Nevada Taxicab Authority
and
Nevada Aging and Disability Services Division***



Please Print

TAP REGISTRATION FORM

Please Print

NAME (First/Last): _____

☐ MALE

☐ FEMALE

DATE OF BIRTH: _____ / _____ / _____

PHONE NUMBER: (____) _____

CURRENT

ADDRESS: _____

APT/UNIT/SPC#

CITY/ZIP _____

MAILING

ADDRESS: _____

(If Different)

EMERGENCY CONTACT INFORMATION (Not Spouse or Partner):

NAME (First/Last): _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ WORK OR CELL PHONE: (____) _____

☐ **Visually Impaired**

☐ **Legally Blind**

☐ **Hearing Impaired**

ETHNICITY

☐ HISPANIC OR LATINO

☐ NON-HISPANIC OR LATINO

RACE

☐ WHITE, CAUCASIAN

☐ AMERICAN INDIAN / ALASKAN NATIVE

☐ ASIAN

☐ BLACK / AFRICAN AMERICAN

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

☐ OTHER _____

If you do not speak English, what is your primary language? _____

My anticipated Primary Use of Coupons is:

☐ Leisure Activities ☐ Medical: Doctor Visit, Rx

☐ Essential Shopping ☐ Banking

☐ Senior Service Network: Senior Center, Assisted Living

☐ Religious Activities ☐ Work / Volunteer

☐ Health/ Fitness

Marital Status

☐ Married ☐ Divorced ☐ Single ☐ Widowed

MONTHLY INCOME: _____

Number of People Supported by Income: _____

ARE YOU PERMANENTLY DISABLED?

☐ Yes ☐ No

How did you hear about TAP? _____

For TAP Staff Only

Reviewed By

Date Reviewed:

Determined Status

☐ **Eligible**

☐ **Not Eligible**

Reason not Eligible:

☐

Not a Permanent Residence of Nevada

☐

Not Age 60 or Older

☐

Not a Person with Permanent Disability

☐

No Supporting Documentation

☐

Not within Defined Income Limit

☐

Other

TIER CATEGORY

1. ☐

2. ☐

3. ☐

4. ☐

5. ☐

☐ SENIOR CITIZEN

☐ PERMANENTLY DISABLED

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Client Signature (Initial or Revised Registration)

Date

I understand that taxi coupons are non-transferrable; penalties may include program removal. _____

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.
► For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

State of Nevada Aging & Disability Services Division, 1860 E. Sahara Ave., Las Vegas, NV 89104 Attn:TAP (702) 486-3581

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► 1040
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☒
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐
- c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2014

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign
Here

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date